

VA MAP Quarterly Call

Division of Pharmacy Services Updates

October 2, 2020

Contact Information:

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60-Day Medication Supply from Central Pharmacy

Eligible for Clients who have had three fills of an established medication regimen through Central Pharmacy over the previous four months.

See information below for these requests:

- When completing the prescription order form, indicate that a 60-day supply is being requested along with client's name, DOB, prescription number and drug name. Failure to indicate a 60 day supply on the order form, will result in Central Pharmacy sending the standard 30 day supply.
- If there are not enough refills to cover 60 days, Central Pharmacy will attempt to get a prescription from the provider. If the provider does not respond within 5 business days, pharmacy will fill and send the remaining 30-day supply. If you identify that refills are needed, a proactive approach of reaching out to the provider by the client, access site (as able) and pharmacy will help to prevent medication access issues.
- If you have medication that has not been picked up and you want to order an additional 30-day supply in order to provide 60 days at pick-up, submit a prescription order form with a notation so Central Pharmacy will know to fulfill the early request as soon as possible.
- Refill requests can be submitted up to 60 days early and will be held at Central Pharmacy and filled automatically at 14 days prior to medication due date (46 days after the last fill date).

Additional Option: Ship To Home

- Sites must verify patient's address **EVERY** time medications are shipped to home or alternate site; **do not assume the address is the same as before**
- Print patient's address legibly and correctly, including apartment number if applicable
- All meds are shipping via UPS. UPS has a validator tool to verify address is UPS deliverable: https://www.ups.com/address_validator/search?loc=en_US
- Must verify client address with client and indicate it has been checked on the form

Ensure that the correct address is sent to Pharmacy **before** faxing the request to prevent a cascade of voicemails, phone calls, more time and work for all involved as well as delays in medication receipt and potentially **a breach in PHI.**

Request for Alternate Delivery of Medications (Ship to Home)

Program: TB FP STI MCH VA MAP

Billing Information of Health Dept.: Cost Code FIPS PSD

*If unsure of coding, consult the district business manager. Billing information not required for VA MAP.

Note: For VA MAP, health department is the medication access site which could be non-health departments like clinics and pharmacies that serve as pick up sites.

Health Department Site:

Contact Person:

Contact Phone #:

Fax #:

Client Name:

Date of Birth:

Shipping Address:

Note: United Parcel Service (UPS) will be Courier. No Postal Boxes accepted.

City

State

Zip Code

Current client address has been verified Date:

Client Phone #:

Medication(s) Requested to be Shipped to Above Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Information below for Pharmacy to Complete and Fax back to Health Department Fax Listed Above:

Tracking #: _____

Shipping Cost: _____

Date Received: _____

Last Revised: 10/01/2020

The blocks highlighted in red are required fields for the form.

Ship To Home Procedures

1. **Site** completes **Request for Alternate Delivery of Medications (Ship to Home)** form. The ship to home form should be used for **refills** (indicate refills on the form) **and must accompany all new prescriptions**. If there are refills or future requests, the sites will need to fill out a new form.
2. **Site** verifies the client's ship to address with the client **prior to** submitting the form
3. **Pharmacy staff** reviews and dispenses medication, then ships to address on form
4. **Pharmacy staff** will fax the **Request for Alternate Delivery of Medications (Ship to Home)** form back to the site with the tracking number and shipping cost completed in the bottom sections.
5. The **site** may track the package and verify receipt of delivery as needed. The **site** should file the **Request for Alternate Delivery of Medications (Ship to Home)** form with other medication tracking documents. The form is only intended for one single use per shipping occurrence and will need to be completed upon the next request. If there are any delivery issues, call pharmacy for assistance in researching and resolving them.

If you have concerns about a client being able to continue to pick up at your medication access site, contact Division of Pharmacy Services at 804-786-4326 to discuss other shipping options.

Anticipated No Shipping Dates (Oct 1 - Jan 1)

Monday, October 12

Tuesday, November 3

Wednesday, November 11

Tuesday, November 24 **

Wednesday, November 25

Thursday, November 26

Friday, November 27

Wednesday, December 23 **

Thursday, December 24

Friday, December 25

Thursday, December 31

Friday, January 1

Note: To ensure you receive emails regarding important updates or important shipping changes, please email Stephanie Wheawill at Stephanie.Wheawill@vdh.Virginia.gov

**** Shipping will be limited to only sites who indicate that they will be open the following business day on the pharmacy order form.**

Medication Access Site Visits

- Pharmacy Staff will start contacting sites for **virtual** site visits
- Please ensure you have access to the SFTP folders. Contact Tina Gorman with VA MAP at Christina.Gorman@vdh.virginia.gov if you need access or help with getting access to the SFTP folder for your site.